

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4) **Summary Sheet** 

FILE NUMBER

46-20-50

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side

assistance in completing this form, see instructions on the reverse side.	TOTAL	PAGES IN ENTIRE	E CFA-4 REPORT
IS THIS AN AMENDMENT?  Yes  No		1	
COMMITTEE INFORMATION			Same Sales
1. Full Name of Committee (as on Statement of Organization) □ Check if this is a new I	name.		
2. Acronym or Abbreviated Name (if any)		elephone Number	
	(574)	271-970	05
4. Mailing Address (Address where all campaign finance correspondence is received.)  8352 EAST EMERY	check if this is a n	ew address.	
5. City, State, ZIP Code	6. Party Affiliati	on (if applicable)	
NEW CARLISLE IN 46552		BLICAN	
CANDIDATE INFORMATION (For Candidate's C	ommittees On	ly)	ASSET WATER
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliati	on or If Independent (	Candidate
JOHN MATWYSHYN	REPUBLICAN		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence		
La Porte County Treasurer	LaP	orte	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Re-Election Annual Nomination Other		Pre-Conven	ition
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Stall	ement of Organization.)	Post-Conve	ntion
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
rom: 01/01/20 Through: 10/15/20		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	
14. Cash on hand and investments January 1, current year.	1500	1111	0
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		0	0
15b. Unitemized		0	0
15c. Add lines 15a and 15b in both columns.	TOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0	0
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	8.0-3.63		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	0
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns.	TOTAL	0	0
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0	$\wedge$
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		0	
			A - M. Bellin W
CERTIFICATION	4-1-25	-du	OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T  Signature of Treasurer  Title		1 (	ERKS OFFICE
Signature of Treasurer Title	Date (mi		
Signature of Candidate (if applicable)	Date (mi	5/20	1 5 2020
WARNING Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9	te report as require	d by the Indiana	Grafiched



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IS THIS AN AMENDMENT? Tyes

(CFA-4) Summary Sheet

FILE NUMBER

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AR AMERISMENT: 100 100 100						
COMMITTEE INFORMATION			<b>的复数形式</b>			
1. Full Name of Committee (as on Statement of Organization)						
Acronym or Abbreviated Name (if any)	3. Committee Telephone Number					
2. Acronym of Abbreviated Name (ii arry)	15741 271-9705					
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is	a new address.				
5. City, State, ZIP Code	6. Party Affiliation (if applicable)					
10 (40 0 11310	Dew Carlisle In 46552 Republican					
CANDIDATE INFORMATION (For Candidate's C		The second secon				
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence					
LaPorte County Treasurer	Calorte					
TYPE OF REPORT			CANDIDATES ONLY			
11. Check one:		Check one:				
Pre-Primary Pre-Election Annual Nomination Other			ntion			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of Organization	Post-Conve	ention			
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B			
From: 01/01/20 Through: 05/08/20		This Period	Year to Date			
13. Cash on hand and investments at the beginning of this reporting period.		0	(1) (1) (1) (1)			
14. Cash on hand and investments January 1, current year.			0			
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		0				
15a. Itemized (Use Schedule A.)		0	0			
15b. Unitemized	TOTAL	0	0			
13c. Add lines 13d and 13b in Both coldmins.		0	0			
16. Add lifes 15 and 15c in Coldini / And lines 17 and 16c in Coldini	TOTAL					
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments.)	10000		0			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	ð			
17b. Unitemized  17c. Add lines 17a and 17b in both columns.  SUB	TOTAL	0	0			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0	0			
		0				
Debts OWED BY the committee (Use Schedule D.)  20. Debts OWED TO the committee (Use Schedule E.)	199	D				
20. Debts OVVED TO the committee (USE Schedule E.)	Teacher and		D OFFICE HOE ONLY			
CERTIFICATION	TOUR CORRECT		R OFFICE USE ONLY			
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	Date /	mm/dd/vv) I	ED			
Signature of Treasurer Title		mm/dd/yy)N CLERK	OFFICE			
Signature of Candidate (if applicable)	0\$	mm/dc/yy)	4 2020			
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana						
	L	CLERK OF LA PORTE	about CIRCUIT COURT			



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IS THIS AN AMENDMENT? 

Yes

Yes No

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FILE NUMBER

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

1. Full Name of Committee (as on Statement of Organization) Check if this is a new LOHN MATWYSHYN	w name.					
Acronym or Abbreviated Name (if any)	3. Committ	3. Committee Telephone Number				
	1574	(574) 271 -9705				
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is	s a new address.				
5 City State ZIP Code	6. Party Af	filiation (if applicable)	1			
NEW CARLISCE INDIANA 46552	K	LEPUBLICAN	J			
CANDIDATE INFORMATION (For Candidate's	Committees	Only)	<b>以此是理论是</b>			
7. Full Name of Candidate (Include any nickname.)		8. Party Affiliation or If Independent Candidate  REPUBLICAT				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)  COUNTY TREASURER		10. County of Residence  LAPORTE				
TYPE OF REPORT		The same of the sa	CANDIDATES ONLY			
			CANDIDATES ONLY			
11. Check one:  Pre-Primary Pre-Election Annual Nomination Other	Annual Nomination Other Check one:					
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend S	Statement of Organiza	ation.)	ention			
2. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B			
rom: 01/01/20 Through: 12/31/20		This Period	Year to Date			
13. Cash of hand and investments at the beginning of this reporting period.		0				
14. Cash on hand and investments January 1, current year.			0			
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	-	THE WASHINGTON	THE PERSON OF			
15a. Itemized (Use Schedule A.)		0	Ð			
15b. Unitemized		0	0			
15c. Add lines 15a and 15b in both columns.	BTOTAL	0	٥			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0	0			
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments.)						
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		D	0			
17b. Unitemized		٥	0			
17c. Add lines 17a and 17b in both columns.	JBTOTAL	٥	0			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	٥	0			
19. Debts OWED BY the committee (Use Schedule D.)		D				
20. Debts OWED TO the committee (Use Schedule E.)		0				
		-	D OFFICE HOF ONLY			
CERTIFICATION	TRUE CORREC	TAND COMPLETE	R OFFICE USE ONLY			
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS Signature of Treasurer	Date	e (mm/dd/yy)	S OFFICE			
Signature of Treasurer Title	Date	5 (				
anature of Candidate (if applicable)	Date	e (rpm/dd/yy) JAN 1	9 2021			
Later Maturalin-	01	119/21				
WARNING. Any information contained in this report may not be copied for sale or used for any commercial purpos	se. (IC 3-9-4-5) A	person who knowingly				
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana one Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC						

**COMMITTEE INFORMATION**